



2015 Initial Training Session 6

TEST BOOKLET

**Please do not write on this test.
Mark your answer on the answer sheet provided.**

Please do not write on this test.

Please use the Answer Sheet to complete test. Enter the Letter corresponding to the correct response.

QUESTION		RESPONSE	
1	The QIN Quality Improvement Organization (QIN-QIO) for Kansas is Great Plains Quality Information Network.	A.	TRUE
		B.	FALSE
2	Training in Privacy is reviewed every year during SHICK Training as required by the SHIP grant.	A.	TRUE
		B.	FALSE
3	The Four C's of communication include:	A.	Contact
		B.	Completion
		C.	Closure
		D.	Clarification
		E.	All of the above
4	Which of the following is NOT true about the LI Net Program?	A.	Has an open formulary
		B.	Has no network pharmacy restrictions
		C.	Doesn't require prior authorization
		D.	Can be used with Medicare Part D
		E.	Includes standard safety and abuse edits
5	The Medicaid Program was established by the Social Security Amendments Act.	A.	TRUE
		B.	FALSE
6	Medicare Advantage Plans are an alternative to Original Medicare when elected.	A.	TRUE
		B.	FALSE
7	Medicare pays 100% of medical costs for beneficiaries.	A.	TRUE
		B.	FALSE
8	SHICK's mission includes educating the public and assisting consumers on topics related to Medicare and health insurance so they can make informed decisions.	A.	TRUE
		B.	FALSE
9	In 2016, beneficiaries with Medicare Part D will pay what percentage on the total cost of their generic drugs purchased while in the coverage gap?	A.	65%
		B.	58%
		C.	25%
		D.	45%
10	As a SHICK counselor, you must protect beneficiaries' privacy and keep their personal information confidential to protect beneficiaries from fraud, identity theft, health-based discrimination, and other potential problems.	A.	TRUE
		B.	FALSE
11	Hospice Coverage under Medicare was added in 1981.	A.	TRUE
		B.	FALSE
12	The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) is signed into law in 2006.	A.	TRUE
		B.	FALSE
13	Examples of Medicare Fraud & Abuse include:	A.	Using another person's Medicare number, or letting someone else use your number
		B.	Improper coding to obtain a higher payment
		C.	Claims for services that are not medically necessary
		D.	All of the above
14	Each year, Medicare loses billions of taxpayer dollars to improper claims.	A.	TRUE
		B.	FALSE
15	Medicare Part D is also referred to as Original Medicare.	A.	TRUE
		B.	FALSE

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QUESTION		RESPONSE	
16	LI NET is the abbreviation for ?	A.	Low Income Newly Eligible Transaction Program
		B.	Limited Income Newly Eligible Transition Program
		C.	Low Limited Income Nearly Eligible Transition Program
17	How is SHICK's mission accomplished?	A.	Information
		B.	Education
		C.	One-on-One Counseling
		D.	All of the above
18	This establishes a Federal floor of safeguards to protect the confidentiality of medical information.	A.	The Privacy Rule
		B.	COBRA
		C.	MIPPA
		D.	A Client Contact Form
19	Medical identity theft occurs when a beneficiary's Medicare number is misused, either by a provider, a supplier, or by someone posing as the real beneficiary in order to receive medical care.	A.	TRUE
		B.	FALSE
20	Which of the following is not an activity under the MIPPA grant?	A.	Assist with Medicare Part D counseling in rural areas
		B.	Assist beneficiaries who might qualify for Extra Help
		C.	Promote Medicare preventive and wellness benefits
		D.	Assist beneficiaries in applying for KanCare
		E.	Assist beneficiary in applying for the Medicare Savings Program
21	Medicare coverage became available to non-elderly people with amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's Disease) upon diagnosis in 2001.	A.	TRUE
		B.	FALSE
22	What information is protected under HIPAA?	A.	Information your doctors, nurses, and other health care providers put in your medical record
		B.	Information about you in your health insurer's computer system
		C.	Conversations your doctor has about your care or treatment with nurses and others
		D.	All of the above
23	A SHICK counselor is required to read and sign a Memorandum of Understanding each year agreeing to follow all program guidelines and regulations.	A.	TRUE
		B.	FALSE
24	HIPAA is the acronym for	A.	Health Information Portability and Accountability Act
		B.	Health Insurance Portability and Action Act
		C.	Help Insurance Portability and Accountability Act
		D.	Health Insurance Portability and Accountability Act

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QUESTION		RESPONSE	
25	The Kansas SMP program protects, detects, and reports potential Medicare fraud and abuse.	A.	TRUE
		B.	FALSE
26	A Part B Special Enrollment period due to active employment takes precedence over a person's Initial Enrollment period.	A.	TRUE
		B.	FALSE
27	One of the Five Forbidden Phrases is "I don't care."	A.	TRUE
		B.	FALSE
28	The LI NET Program helps a beneficiary with prescription drug costs when they are newly eligible for Extra Help, Medicare Savings Program or Medicaid but do not have Medicare Part D.	A.	TRUE
		B.	FALSE
29	The formulary, copayments, deductibles, and coverage under Part D in the gap are the same from plan to plan.	A.	TRUE
		B.	FALSE
30	Beneficiaries who are Medicaid-eligible are automatically enrolled in LI-Net if they do not have a Part D drug plan.	A.	TRUE
		B.	FALSE
31	Medicare fraud, errors, and abuse can also cause serious personal consequences for beneficiaries, such as medical identity theft, negative health impacts, and personal financial losses.	A.	TRUE
		B.	FALSE
32	The QIO responsible for managing all beneficiary complaints and quality of care reviews is:	A.	QIN-QIO
		B.	BFCC-QIO
		C.	QPD-QIO
		D.	QIO-PFFS
33	In 2015, the Medicare Part D coverage gap begins when a beneficiary's full cost of drugs has reached \$2,960.	A.	TRUE
		B.	FALSE
34	Medicare Part D Prescription drug coverage went into effect in 2006.	A.	TRUE
		B.	FALSE
35	HIPAA covered entities include:	A.	SHIPs
		B.	Health Plans
		C.	School districts
		D.	Employers
36	Part A provides health care benefits that help cover which of the following services:	A.	Outpatient hospital care
		B.	Inpatient hospital care
		C.	Ambulance services
		D.	Doctor visits
37	Medicare Supplement Insurance (Medigap) is part of Medicare.	A.	TRUE
		B.	FALSE
38	In 2016, a deductible of up to \$325 may be charged on Medicare Part D plans.	A.	TRUE
		B.	FALSE
39	The coverage gap for Medicare Part D will be closed in this year.	A.	2020
		B.	2025
		C.	2015
		D.	2030
40	Medicare fraud involves intentionally billing Medicare for services that were not received, or billing for a service at a higher rate than is actually justified.	A.	TRUE
		B.	FALSE

Session 6 – ANSWER SHEET - Post

NAME _____

DATE _____

PLEASE WRITE ANSWER (A, B, C, D, or E) IN APPROPRIATE BOX

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